

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

|   |                                      |  |
|---|--------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br><u>Dr. Samuel B. Hoff</u> |                                      | 2. Identification Number<br><u>C00389577</u>   |
| (b) Address (number and street)<br><u>813 Maple Parkway</u>     |                                      | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br><u>Dover, DE 19901</u>         |                                      |  |
| 4. Party Affiliation<br><u>Independent</u>                      | 5. Office Sought<br><u>President</u> | 6. State & District of Candidate<br><u>Delaware</u>  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

|  |
|--|
| (a) Name of Committee (in full)<br><u>Don't Hesitate: Vote Hoff President in '08</u> |
| (b) Address (number and street)<br><u>813 Maple Parkway</u>                          |
| (c) City, State, and ZIP Code<br><u>Dover, DE 19901</u>                              |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

|                                 |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code   |

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A


for the primary election, and

9B

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|  |                        |
|--|------------------------|
| Signature of Candidate<br> | Date<br><u>3-25-07</u> |
|--|------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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